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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150 2015

Department of the Treasury Internal Revenue Service

Open to Public ▶ Do not enter social security numbers on this form as it may be made public. Inspection ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2015 calend		2015 calend	ar year, or tax year beginning January 1 , 2015, and ending	Decembe	r 31 , 20 15
B Check if applicable			المتعادلة والمراوي والمراوية والمناولة المتعادلة المتعادلة والمتعادلة والمتعادلة والمتعادلة والمتعادلة والمتعادلة	Employer id	lentification number
	Address c	hange	Wyoming Engineering Society	8	3-0255212
	Name cha	inge		Telephone n	
H	Initial retur		5908 Yellowstone Road	30	07-632-5656
占	Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	Group Exe	mption
=	Application		Chevenne, Wyoming 82009	Number	•
G	Account	ting Method:	☑ Cash ☐ Accrual Other (specify) ► H Ch	eck ▶ 🗹	if the organization is not
[]	Website	e:► www.	wyomingengineeringsociety.org rec	quired to att	ach Schedule B
<u>J 1</u>	ax-exen	n pt status (che	eck only one) — ☐ 501(c)(3) ☑ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 (Fo	orm 990, 99	0-EZ, or 990-PF).
			Corporation Trust Association Other		
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	sets	
<u> </u>			w) are \$500,000 or more, file Form 990 instead of Form 990-EZ.		;
P	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the inc		
			the organization used Schedule O to respond to any question in this Part I .		<u>.</u>
	1		ons, gifts, grants, and similar amounts received	· 1	5318.00
	2	_	ervice revenue including government fees and contracts	. 2	49339.00
	3		up dues and assessments ,	. 3	13395.00
	4	Investmen		. 4	1377.85
	5a		or other basis and sales expenses		
	b				
	6 6	Gain or (lo	. <u>5c</u>		
<u>o</u>	а	Gross inc \$15,000)	ome from gaming (attach Schedule G if greater than		
Revenue	ь	=	ome from fundraising events (not including \$ of contributions		
ě	1 -	from fundr	,		
ш.	1	sum of suc	(
	c	Less: direc			
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	act	
	ì	line 6c)		. 6d	
	7a	Gross sale	s of inventory, less returns and allowances		
	b		of goods sold		
	C	-	fit or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c	
	8		nue (describe in Schedule O)	. 8	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	69429.85
	10		d similar amounts paid (list in Schedule O)	. 10	12500.00
,,	11 12			. 11	
Expenses	13	Drofossion	ther compensation, and employee benefits	. 12	
	14	Occupanc	y, rent, utilities, and maintenance	13	14000.00
	15		y, rent, utilities, and maintenance	14	4270.00
	16	Other expe	. 16	4276.22	
	17		► 1 10	29678.74 60455.85	
	40	Excess or	enses. Add lines 10 through 16	. 18	8974.00
Net Assets	19		s or fund balances at beginning of year (from line 27, column (A)) (must agree w		0314.00
			ar figure reported on prior year's return)	. 19	23346.04
	20		nges in net assets or fund balances (explain in Schedule O)		9610.77
ž	21		s or fund balances at end of year. Combine lines 18 through 20	▶ 21	41930.81
Fo			tion Act Notice, see the separate instructions Cat No. 106421		Form 990-F7 (2015)

onn	390-ET (\$0.12)					Page ∠
Pa	t II Balance Sheets (see the instructions f					
	Check if the organization used Schedule	O to respond to ar			<u></u>	<u></u>
			<u> </u>	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		-	34596.04		53180.81
23	Land and buildings				23 24	
24 25	Total assets			34596.04		
26		· · · · · · · ·	· · · · · -	11250.00		53180.81
27	Net assets or fund balances (line 27 of column		<u> </u>	23346.04		<u>11250</u> 41930.81
	Statement of Program Service Accom				=-1	41000.01
	Check if the organization used Schedule	•		, ,		Expenses
Wha	t is the organization's primary exempt purpose?					uired for section c)(3) and 501(c)(4)
Desc	ribe the organization's program service accomplis	shments for each of	its three largest pr	ogram services	•	nizations, optional for
as m	neasured by expenses. In a clear and concise m	anner, describe the			othe	rs)
oers	ons benefited, and other relevant information for ea	ich program title.	·			
28	Annual convention includes workshops and seminar	s for continuing educ	ation			

	***************************************					l
		includes foreign gra			28a	
29	Scholarships and awards to engineering students, ar	nd WES/University of	Wyoming Summer E	ngineering		1
	Program for High School students.					
	/Ot- f	in all relations for a large and			00-	
30	(Grants \$) If this amount Outstanding engineering and surveying project awar	includes foreign gra			29a	
30	Outstanding engineering and surveying project awar	as program competit	ion.			
	(Grants \$) If this amount	includes foreign gra	nts. check here	> [7]	30a	1
31	Other program services (describe in Schedule O)					
		includes foreign gra			31a	-
32	Total program service expenses (add lines 28a t	through 31a)		🕨	32	
Par					struc	ctions for Part IV)
	Check if the organization used Schedule	O to respond to ar				<u> </u>
	444	(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employe	ee (e)	Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC)	benefit plans, and	()	other compensation
		· · · · · · · · · · · · · · · · · · ·	(if not paid, enter -0-)	deferred compensation	Ή-	
	Engels	}				0.00
	dent	<u>-</u>	0.00	0.0	-	0.00
	d Whitman	1	0.00		ام	0.00
	President I. Hutchinson	 	0.00	0.0	Ψ-	0.00
	etary-Treasurer	1	0.00	0.0	<u></u>	0.00
	N Grigsby, Western R&D, Ltd.	 	0.00		~	
	utive Director	10	0.00	0.0	ol	12000.00
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			-
	instructions for Fair V) Check if the organization used Schedule O to respond to any question in this	Pan	v Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	res	140
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		,
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b	ļ	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	20-		\
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38a	├─	~
39	Section 501(c)(7) organizations. Enter:	†	ľ	i
а	Initiation fees and capital contributions included on line 9	1	<u> </u>	
b	Gross receipts, included on line 9, for public use of club facilities	1	}	}
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		}	
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	<u> </u>	<u> </u>	
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
_	Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over			
D	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No.
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	ļ	ļ	Ì
	Financial Accounts (FBAR).	}		1
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here			▶ 🗀
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		V
С	Did the organization receive any payments for indoor tanning services during the year?	44c		V
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			<u> </u>
	explanation in Schedule O	44d	<u> </u>	1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	├	~
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		1

	D: 1 44		adiracity in malitical a		6 6		[Yes	No	
46	to car	ne organization engage, directly or in ndidates for public office? If "Yes," o	nairectiy, in political c complete Schedule C.	ampaign activities o Part I	on benait of	or in opposi	tion 46		1	
Part V		Section 501(c)(3) organizations					1 40	ــــــ		
		All section 501(c)(3) organization		stions 47-49b and	d 52, and (complete th	e tables	for lin	es	
50 and 51.									_	
		Check if the organization used Sc	hedule O to respond	to any question in	this Part V	<u>'l</u>		Yes	كابن	
47	Did #	oid the organization engage in lobbying activities or have a section 501(h) election in effect during the tax							No	
		If "Yes," complete Schedule C, Par		• • • • • •			. 47	}	}	
	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule						. 48	\dagger	 	
	Did the organization make any transfers to an exempt non-charitable related organization?						. 49a			
		"Yes," was the related organization a section 527 organization?								
		omplete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key								
	employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter						e, enter	NOTIE.		
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contributio	ns to employee ns, and deferred pensation				
					-					
					-}					
										
	<i>-</i>		 	<u> </u>						
				,	}					
	Total	number of other employees paid ov	107 \$100 000	<u> </u>			L			
		plete this table for the organization			nt contracto	ore who eacl	h received	d more	a than	
J 1	\$100,	000 of compensation from the orga	anization. If there is no	one, enter "None."	in contract	713 WHO CUO	11 10001100	2 111010	J GIGIT	
	(a)	Name and business address of each independ	dent contractor	(b) Type of service		(c) Compensation				
				 						
						+				
						}				
a	Total	number of other independent contra	actors each receiving	over \$100.000	. >					
		-	_	Note: All section 501(c)(3) organizations must attach a						
		oleted Schedule A	· · · · · · · · ·		<u> </u>	<u> </u>	.▶□ Ye			
Under pe	enalties rect. an	of perjury, I declare that I have examined this discomplete. Declaration of preparer (other that	return, including accompan n officer) is based on all info	ying schedules and state	ements, and to er has any knov	the best of my k wledge	nowledge ar	nd belief	, it is	
	M M Description of which					4.71	2017			
Sign	}	Signature of officer				Date	wij			
Here	Gary N Grigsby, Executive Director Type or print name and title									
Paid		Print/Type preparer's name	Preparer's signature		Date	Check [] if PTIN			
Prepa	arer	<u> </u>				self-empl				
Use C		Firm's name					Firm's EIN ▶			
May th	e IRS	Firm's address ► discuss this return with the prepare	r shown above? See	instructions		Phone no	► ☐ Ye	s \sqcap	No	

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Form **990-EZ** (2015)

Form 990-EZ (2015)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer identification number
Wyoming Engineering Society	83-0255212
Part I, Line 10: Amount shown represents awards given to University of Wyoming students.	
Part I, Line 16: Other expenses include the annual convention, award plaques, and other miscellaneo	us expenses. These
espenses are typical for the organization.	
Part I, Line 20: Amount shown represents net growth in investment funds held by the organization.	
Part IV: The organization contracts with Western Research and Development, Ltd. to serve as the exe	cutive director and manage the society.
Amended Return: Corrected line 19 Net Assets with accompanying corrections to Part II.	
Third and the same of the same	

